



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER									
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box → 49-2293									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name Treat		First Name Linda		Middle Name		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 8126 E. 50th St				5. FAX (Optional)		6. E-mail Address (Optional)			
7. City Lawrence		State IN	ZIP Code 46226	8. County MARION		9. Telephone (Day) (317) 547-4135		10. Telephone (Evening) (317) 547-4135	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) MAYOR - (City of Lawrence)					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Treat for the City of Lawrence									
14. Mailing Address <input type="checkbox"/> Check if this is a new address 8126 E. 50th St.				15. FAX (Optional)		16. E-mail Address (Optional)			
17. City Lawrence		State IN	ZIP Code 46226	18. County MARION		19. Telephone (317) 547-4135		20. Committee Organization Date (MM-DD-YY) 06-13-14	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Linda Treat									
22. Mailing Address <input type="checkbox"/> Check if this is a new address 8126 E. 50th St.				23. FAX (Optional)		24. E-mail Address (Optional)			
25. City Lawrence		State IN	ZIP Code 46226	26. County MARION		27. Telephone (Day) (317) 547-4135		28. Telephone (Evening) (317) 547-4135	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) OLD NATIONAL BANK									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)									
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer RONALD TREAT			Signature of the Committee Chairperson Linda Treat		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer RONALD D. TREAT									
34. Mailing Address <input type="checkbox"/> Check if this is a new address 8126 E. 50th St.				35. FAX (Optional)		36. E-mail Address (Optional)			
37. City Lawrence		State IN	ZIP Code 46226	38. County MARION		39. Telephone (Day) (317) 547-4135		40. Telephone (Evening) (317) 547-4135	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)									
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).						Signature of Person Accepting Appointment Ronald D. Treat			
SECTION E. CERTIFICATION OF STATEMENT									
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.									
42. Typed or Printed Name of Chairperson Linda Treat			Signature of Chairperson Linda Treat				Date (MM-DD-YY) 01-16-15		
43. Typed or Printed Name of Candidate Linda Treat			Signature of Candidate Linda Treat				Date (MM-DD-YY) 01-16-15		
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).									

FOR OFFICE USE ONLY

FILED

JAN 21 2015

Myra A. Eldridge